



Bay County FOIA Coordinator
 515 Center Avenue, Ste. 402
 Bay City, MI 48708
 (989) 895-4131; FAX: (989) 895-2094

FOIA Affidavit of Indigency

(Complete only if you are claiming that you do not have the financial resources to pay for copies of requested public records)

The undersigned, being first duly sworn, affirm under penalty of perjury that the information contained in this affidavit is true and correct to the best of my information, knowledge, and belief. *(CHECK ALL THAT APPLY):*

- On this date, I am receiving _____ (type) public assistance.
- I am not receiving public assistance, but I am unable to pay the cost of the copies of records.

COMPLETE THE FOLLOWING:

EMPLOYER: _____

POSITION: _____

DEPENDANTS (STATE RELATIONSHIP): _____

- I am making this request for records in conjunction with outside parties who are offering or providing me payment or other compensation to make the request.
- I have not previously received discounted copies of public records from Bay County twice during the calendar year.

 Print Name

 Signature

 Date

Sworn or affirmed before me on _____,

_____, Notary Public

_____ County, State of Michigan

Commission Expires: _____

Acting in the County of: _____